

10.4 - Card Not Present Fraud

Amount:

Dispute Full Amount

Dispute Partial Amount

Acceptance Amount: \$ _____

Prearbitration Reason: Cardholder no longer disputes

Comment: _____

Note: _____

Prearbitration Reason: Credit Processed

Credit Processed Date: * _____ (mm/dd/yyyy)

Credit Amount: * \$ _____

Acquirer Reference Number: * _____

Comment: _____

Note: _____

Prearbitration Reason: Invalid Dispute

Description: _____

Comment: _____

Note: _____

Prearbitration Reason: Proof of Manual Imprint

Comment: _____

Note: _____

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: Documentation to prove that the cardholder is in possession of and/or using the merchandise

Merchant Contact Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone: _____

Best Time to Call: _____

Email: _____

Fax: _____

URL: _____

Note: _____

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: Signed Delivery Form

Merchant Contact Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone: _____

Best Time to Call: _____

Email: _____

Fax: _____

URL: _____

Note: _____

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: Delivery to cardholder at place of employment

Merchant Contact Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone: _____

Best Time to Call: _____

Email: _____

Fax: _____

URL: _____

Note: _____

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: T&E Loyalty transactions related to purchase

Merchant Contact Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone: _____

Best Time to Call: _____

Email: _____

Fax: _____

URL: _____

Note: _____

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: T&E Subsequent purchases made through service period

Merchant Contact Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone: _____

Best Time to Call: _____

Email: _____

Fax: _____

URL: _____

Note: _____

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: Passenger transport proof ticket was received

Merchant Contact Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone: _____

Best Time to Call: _____

Email: _____

Fax: _____

URL: _____

Note: _____

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: Signed mail order/phone order form

Merchant Contact Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone: _____

Best Time to Call: _____

Email: _____

Fax: _____

URL: _____

Note: _____

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: Legitimate spend across multiple payment types for same merchandise

Merchant Contact Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone: _____

Best Time to Call: _____

Email: _____

Fax: _____

URL: _____

Note: _____

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: Signer is a member of cardholder's household

Merchant Contact Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone: _____

Best Time to Call: _____

Email: _____

Fax: _____

URL: _____

Note: _____

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: Recurring transaction with binding contract or previous undisputed recurring transactions and proof the cardholder is using the merchandise or service

ARN: * _____

Transaction Amount: * \$ _____

Transaction Date: * _____ (mm/dd/yyyy)

Merchant Contact Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone: _____

Best Time to Call: _____

Email: _____

Fax: _____

URL: _____

Note: _____

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: Evidence of one or more non disputed payments for same merchandise or service

Please select one of following:

IP Address

Email Address

Physical Address

Phone Number

ARN: *

Transaction Amount: * \$

Transaction Date: *

(mm/dd/yyyy)

Merchant Contact Information

Name:

Address:

City:

State:

Zip Code:

Country:

Phone:

Best Time to Call:

Email:

Fax:

URL:

Note:

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: Digital goods download with time and date

Download Description: * _____

Download Date and Time: * _____

Please select at least two of the following checkboxes:

Purchaser's IP address

IP Address: _____

Geographical Location: _____

Device ID and Name

Device ID: _____

Device Name: _____

Purchaser's Name and Email

Purchaser's Name: _____

Purchaser's Email: _____

Purchaser profile verification

Description: _____

Device and card used in undisputed transaction

ARN: * _____

Transaction Amount: * \$ _____

Transaction Date: * _____ (mm/dd/yyyy)

Merchant Contact Information

Name: _____

Address: _____

City: _____

Merchant Contact Information (Continued)

State: _____

Zip Code: _____

Country: _____

Phone: _____

Best Time to Call: _____

Email: _____

Fax: _____

URL: _____

Note: _____

Prearbitration Reason: Compelling Evidence

Comment: _____

Compelling Evidence Type: AVS or Y or M and proof of delivery

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Tracking Number: * _____

Shipping Company: DHL FedEx UPS Postal Service Other

Merchant Contact Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone: _____

Best Time to Call: _____

Email: _____

Fax: _____

Merchant Contact Information (Continued)

URL:

Note:
